2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2018
Secretary of State
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Entity Name: SOUTH MIAMI CHILDREN'S CLINIC, INC.

Current Principal Place of Business:

6701 SW 58TH PLACE
S MIAMI, FL 33143

Current Mailing Address:

6701 SW 58TH PLACE
S MIAMI, FL 33143

FEI Number: 20-4583206

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAXON, KYLE RESQ
2600 DOUGLAS RD SUITE 1109
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DC	Title	DVC
Name	BRACKIN, D WAYNE	Name	DODARD, MICHEL
Address	6200 SW 73RD STREET	Address	1801 NW 9TH AVE., 470
City-State-Zip:	S MIAMI FL 33143	City-State-Zip:	MIAMI FL 33136
Title	MEDICAL DIRECTOR	Title	OFFICE MANAGER
Name	SCOTT, TINA DR.	Name	CRAWFORD, SANDRA
Address	6701 SW 58TH PLACE	Address	6701 SW 58TH PLACE
City-State-Zip:	S MIAMI FL 33143	City-State-Zip:	S MIAMI FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA CRAWFORD OFFICE MANAGER 01/15/2018

Electronic Signature of Signing Officer/Director Detail — Date